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THE SCHOOL AND COMMUNITY HEALTH PROGRAMS*

Discussing the problems and possible solutions in relation to the present trends of education and public health philosophies were: Ira V. Hiscock, Sc.D., Yale University, leader of the Conference on Health Instruction in the School Curriculum; John D. Fuller, M.D., County Health Officer, Santa Cruz; James G. Stone, Executive Secretary, Los Angeles Tuberculosis and Health Association; and G. D. Carlyle Thompson, M.D., Regional Medical Consultant, Children's Bureau, United States Department of Labor.

Introduction

While recognizing the responsibility of the home, we are concerned with efforts to develop favorable health knowledge, attitudes and practices and with the importance of viewing the family as a unit and the individual as a whole. A program of health education should be a sharing program in which various individuals and groups participate. The task of education requires a background of educational experience and the task of health education requires experience in the principles and practices related to health. There should be consideration of the emotional, mental and social, as well as physical factors.

The American school system, just as the public health system, involves all three levels of government —Federal, State and local. There are thousands of school districts as well as health districts and frequently school district lines do not coincide with the health department lines. But we are all working for the same objective and we are impressed by the fact that disease recognizes no barriers. The situation has changed tremendously during the past few years. The organization and methods of administration differ considerably in education, as well as in public health, with different sections of the country and within different States. There are some cities where conditions in one district in the same city vary as much as a city on the east coast does from a city on the west coast. Yet, there are certain general principles to be observed.

For success in our community health program, there are needed: adequate laws, adequate trained personnel, adequate funds, and the support of a favorable public opinion including the support of professional groups. Laws need to be reviewed periodically, e.g., ventilation laws, regulations for physical examinations, etc.

Fortunately, there is a change in conception toward consideration of the doctor and dentist in the school program in the light of medical and dental advisors and of the nurse in the light of a health counselor.

Only a very small share of our tax money goes for public health in comparison with other governmental expenditures. Provisions for public health have, furthermore, been unevenly distributed. The influence of the Social Security Act has been tremendous in providing facilities for training of a large number of doctors and nurses, sanitary officers, and others, in extending health services and in promoting research. We are struck, as we look at the National Defense Program with the distance that we still need to go in many places and the urgency of problems. While tremendous progress has been made, while merit sys-

* Digest of one session of a conference on health instruction in the school curriculum, sponsored by the State Departments of Education and Public Health, in cooperation with the University of California at Los Angeles, July 8 to 11, 1941.

tems have been introduced, and while a good many people have been trained over and above what would otherwise have happened, we still have some basic problems to keep in mind when we discuss the immediate questions in hand.

Educational Aspects of the Rural Community Health Program

Perhaps the points of similarity between urban and rural communities are more important than the differences; in either situation we are dealing with human beings. There is some danger of legislating ahead of people's desire to improve their health conditions because of their lack of understanding of purposes, needs and methods. The final aim of health service is education. There is keen competition with private enterprises, in radio advertising and through numerous other channels, and educational efforts should have a carryover effect to the next generation. Channels for education are through direct contact, newspapers, sound movies, the radio, dramatizations, exhibits (as at county fairs) and other visual methods. Teachers and physicians fired with enthusiasm and with basic knowledge are key persons for health instruction.

Audiences for meetings are more difficult to arrange in rural than in urban areas because of distances and other factors. Newspapers and the radio are useful, and the State Department of Health has personnel skilled in techniques to assist. Invitations to give talks, even before small audiences, should be accepted. Ready-made and important audiences are available in schools. As soon as lay and professional groups understand the functions of a trained health officer, he becomes, for example, a specialist for consultation in communicable disease.

Among problems are the conditions of school buildings (consolidation of small rural schools is desirable), violence (accidents and suicides), factors of mental hygiene, defense needs. In several places in California, physical examinations for selective service include X-ray examinations to detect tuberculosis.

The Role of Voluntary Agencies

There are different types of voluntary agencies in the health field including, for examples, the clinic—the definitely service type; the special groups—as those for the blind and the hard of hearing; and those primarily educational, although all feature education. The types vary a great deal. The program of the voluntary agency may be different in the rural areas from that of the city.

Why do we have voluntary agencies? It was probably due to the belief that there was a special problem needing special attention. Maybe there was a special desire to do something beneficial in a special field. It is a problem to see that the provision does not merely fill this desire, but renders services for which it was originally intended. Another problem or reason for assistance is the possibility of demonstrating new programs and new needs in the community.

Contributions of voluntary agencies in the clinic group are very specific for the meeting of a need which is not available elsewhere. They are probably more numerous in large communities. We have a variety of clinics and hospitals where a child can receive special service. The agencies designed for special projects—deaf, blind, etc.—borderline between the group that is rendering special services and the group which is chiefly for educational group purposes, and also provide certain educational means. In the educational group, the tuberculosis and health associations are an illustration, providing a variety of activities and aids. They have at all times an activity, an educational program in the schools.

An effort is made to see that exhibits are attractive and teach something. We need to evaluate techniques and be sure that they teach something. We think much of our material is good but we are beginning to wonder whether some of our films and exhibits are good, or whether people are just viewing them because there is nothing better. We try to "sugarcoat the pill" and yet the education just spoils the "sugarcoating."

The Council of Social Agencies with the functional divisions on character building, family welfare and child health is important. In the health group in Los Angeles, there are representatives of 31 voluntary and public agencies, with representatives of all agencies in the community. Recently the Council of Social Agencies in Los Angeles published a directory of every health agency, public or private, free or part pay, in the community. It points out duplications. The same council this summer is working on a program to present to schools and to parent-teacher groups a complete booklet on information on health education, of where it is available and how.

We have another type of general contribution from the voluntary agencies and that is promotion. In many communities public health nurses were started by the Red Cross or Tuberculosis Association. Recently in California, the State has joined the other States in the country for the eradication of bovine tuberculosis. This aroused a large amount of community interest.

Without beds, an adequate tuberculosis program is pretty much of a myth, and here we are faced with a terrific shortage, a problem on which the voluntary agency is also working.

The voluntary agency can contribute also to research study. At present, a study is being made of rheumatic fever.

The administrative agency provides services of promotion. We have a voluntary group creating a visiting nurse association, which has been functioning a little over a year and is growing very rapidly.

There are certain contributions that the school group should make to both the official and the voluntary agency. They should know what the resources in their community are and utilize its resources. It takes two people to make a sale or purchase. I doubt if many vacuum cleaners are sold merely by the salesman. Don't leave all the selling to the health group but let's have a little reciprocal service there. Help balance the program. There may be at times a very serious danger of one voluntary agency which is devoted to one special cause and the need may not be there quite so much. A more balanced program would be of more value to the community. Another thing that we could do is to try to keep the voluntary agency and official agency from duplicating services. This can be an asset to a community. We have both frozen and liquid assets. If it is to be a liquid asset, it requires the cooperation of the entire community to see that it is really doing a service.

The School Health Program

A program which effectively meets the health needs of the school-age child is complex. This complexity in part results from the fact that the school-age child is the object of the concern and influence of numerous agencies and individuals interested, officially and unofficially, in programs which affect the health of the community in general and frequently the health of the child in particular. This fact makes the school health program of importance to the school authorities, to the health authorities and to unofficial agencies.

The health program for the school-age child is also complex because of: (a) the variety of types of professional personnel which are involved in caring for the interests of the school child; (b) the variety of personalities who are charged with public responsibility and the difficulty with which these personalities sometimes work together; and (c) the particular organizational plan which exists on Federal, State and on the many local levels with the resultant variety of political patterns as they relate to official health and education agencies.

The first factor in the school health program is that of direct service. It involves direct service to the child, that is, things that are done to him, services that directly involve or affect his person or plans that pertain thereto. Second is the environmental factor, that is, the school building, and all its accessories. And third is the educational factor, that is, what and how he is taught, what and how does he learn about his present and future health, his school and community health.

Using these factors as a basis, the school health program may be outlined as follows:

A. Health service
   1. Prevention
   2. Detection (examination)
   3. Correction

B. Environmental service or healthful environment
   1. Inspection and consultation
   2. Establishment and maintenance

C. Educational service or health education
   1. Basic health teaching
   2. Incidental health teaching

Following this outline of the school health program, a list of such persons who play important roles includes most of the staffs of the school and of the health department, certain community professional persons and lay volunteers. The predominance in the list of workers for the health and education departments is natural. These departments are the two official agencies most likely to sponsor, develop and maintain health programs for children.

A. Health service
   1. Public health workers
      a. Health officers or administrators
      b. Full-time physicians or dentists on health department or school staff
      c. Part-time or participating family physicians or dentists
      d. Public health nurses, school nurses
      e. Specialists (nutritionists, health educators)
      f. Technicians
   2. Public education workers
      a. School administrators—superintendents, principals
      b. Teachers—classroom and specialists (science, physical education, home economics, guidance, coaches)
   3. Volunteer lay workers and private agency workers

B. Environmental service or healthful environment
   1. Public health workers
      a. Health officers or administrators
      b. Public health engineers, sanitary engineers, sanitarians, sanitary inspectors, physicians
      c. Public health nurses, school nurses, nutritionists, health educators
   2. Public education workers
      a. Boards of education, school superintendents, or administrators
      b. Principals, teachers
      c. Custodians, groundskeepers

3. Volunteer lay workers and private agency workers

C. Educational service or health education
   1. Public education workers
      a. Classroom teachers
      b. Health teachers
      c. Physical education, home economics, science teachers, guidance workers, coaches
      d. Principals, superintendents
   2. Public health workers
      a. Health officers, public health nurses, nutritionists, engineers, physicians, dentists, other specialists, etc.
   3. Volunteer lay workers and private agency workers

Many of us confine our interests to certain child age groups or to certain specialized services and devote efforts both for financial support and for development of activities to the restricted area. Some of us have no apparent concern for the effect on the child of programs or lack of programs for other ages or for other specialized services. Pride in well growing and developing children requires in the interest of our best service to the child that our interest and activity be broadened. Our aim is not the greatest good for any one person, nor for any one age group, nor for any one class or section of the community, but rather the most efficient and effective program that will bring to each of us the guidance and service that we require. No one type of public worker, no one type of public agency, no single individual, no single group or cult can alone adequately plan for and develop the type of program the outline suggests.

An effective health program for the school child will result only (1) when the public departments of health, and the public and private schools agree to the principle of integration of school health programs with the health program of the community and with the educational program of the schools; (2) when each agency respects the contribution of the others; (3) when the agencies agree to an administrative plan which permits the most efficient and proper direction of the several phases of the program and the supervision of the several types of professional workers; and (4) when the professional workers of each agency are permitted to perform services in their professional fields for the best interest of all children without regard to agency affiliation.

It is no easy task to bring about changes in existing programs. The reasons for this are not important if those of us concerned can meet together in objective discussion to plan programs based on generally accepted principles.

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MORBIDITY

Complete Reports for Following Diseases for Week Ending October 11, 1941

Chicken Pox
178 cases from the following counties: Alameda 33, Butte 1, Colusa 2, Contra Costa 5, Fresno 4, Kern 3, Kings 1, Los Angeles 34, Madera 1, Merced 4, Monterey 1, Orange 6, Plumas 2, Riverside 5, Sacramento 9, San Diego 4, San Francisco 13, San Joaquin 9, San Luis Obispo 18, Santa Barbara 5, Santa Clara 8, Sonoma 2, Stanislaus 5, Tulare 1, Ventura 1, Yolo 1.

German Measles
62 cases from the following counties: Alameda 5, Los Angeles 15, Monterey 3, Orange 1, Plumas 1, Riverside 1, Sacramento 1, San Diego 8, San Francisco 8, San Joaquin 2, San Luis Obispo 2, San Mateo 1, Santa Barbara 8, Santa Clara 1, Solano 2, Sonoma 2, Stanislaus 1.

Measles
112 cases from the following counties: Alameda 9, Calaveras 3, Contra Costa 2, Humboldt 2, Kern 4, Kings 2, Los Angeles 18, Monterey 28, Orange 2, San Bernardino 1, San Diego 5, San Francisco 2, San Joaquin 14, San Luis Obispo 4, Santa Clara 1, Santa Cruz 1, Sonoma 2, Stanislaus 2, Sutter 1, Tulare 3, Ventura 6.

Mumps
414 cases from the following counties: Alameda 27, Calaveras 1, Contra Costa 2, Kern 3, Kings 1, Lassen 16, Los Angeles 96, Merced 1, Monterey 16, Orange 25, Riverside 17, Sacramento 22, San Bernardino 20, San Diego 56, San Francisco 13, San Joaquin 7, San Luis Obispo 13, San Mateo 3, Santa Barbara 16, Santa Clara 12, Sonoma 7, Stanislaus 4, Sutter 1, Ventura 10, Yolo 20, California 5.*

Scarlet Fever
87 cases from the following counties: Alameda 4, Contra Costa 2, Fresno 7, Imperial 1, Kern 3, Los Angeles 36, Merced 2, Monterey 1, Orange 3, Riverside 2, San Bernardino 2, San Diego 6, San Francisco 3, San Joaquin 2, San Luis Obispo 1, Santa Clara 2, Sonoma 2, Stanislaus 1, Tulare 5, Yuba 1, California 1.*

Whooping Cough
256 cases from the following counties: Alameda 33, Butte 3, Contra Costa 1, Fresno 21, Kings 4, Los Angeles 78, Madera 1, Merced 3, Orange 7, Sacramento 2, San Bernardino 2, San Diego 32, San Francisco 11, San Joaquin 7, San Mateo 1, Santa Barbara 31, Santa Clara 1, Sonoma 1, Stanislaus 3, Sutter 2, Ventura 9, Yolo 2, Yuba 1.

Diphtheria
12 cases from the following counties: Los Angeles 1, Merced 1, Plumas 1, Riverside 1, Sacramento 3, San Bernardino 2, San Joaquin 2, San Luis Obispo 1.

Dysentery (Bacillary)
20 cases from the following counties: Fresno 1, Los Angeles 8, Madera 4, Monterey 2, Orange 1, San Francisco 1, San Joaquin 2, Yolo 1.

Encephalitis (Epidemic)
One case from Kings County (Hanford rural).

Food Poisoning
21 cases from the following counties: Los Angeles 1, San Diego 20.

Jaundice (Epidemic)
11 cases from the following counties: Los Angeles 8, Yolo 3.

Paratyphoid Fever
One case from Alameda County.

Poliomyelitis
9 cases: Lake County 1 (Lakeport); Los Angeles County 2 (Los Angeles); Riverside County 2 (Riverside); San Diego County 2 (San Marcos 1, San Diego 1); San Francisco 1; San Luis Obispo County 1 (Arroyo Grande).

Rabies (Animal)
10 cases from the following counties: Los Angeles 2, San Diego 8.

Relapsing Fever
One case from San Bernardino County.

Tetanus
3 cases from Los Angeles County.

Typhoid Fever
5 cases from the following counties: Kings 1, Los Angeles 1, Sacramento 1, San Bernardino 1, California 1.*

Undulant Fever
8 cases from the following counties: Humboldt 1, Imperial 1, Kern 1, Los Angeles 3, Santa Barbara 1, Ventura 1.

* Cases charged to "California" represent patients ill before entering the State or those who contracted their illness traveling about the State throughout the incubation period of the disease. These cases are not chargeable to any one locality.